

NE

017-00-00

09.933166

CLAIMS AS FILED - PART I

| (Column 1) | (Column 2) |
|---|--------------|
| TOTAL CLAIMS | |
| FOR | NUMBER FILED |
| TOTAL CHARGEABLE CLAIMS | minus 20 = |
| INDEPENDENT CLAIMS | minus 3 = |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | |

* If the difference in column 1 is less than zero, enter "0" in column 2

pre-amdt filed
3/22/04

CLAIMS AS AMENDED - PART II

| (Column 1) | (Column 2) | (Column 3) |
|---|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 94 Minus | 96 |
| Independent | 20 Minus | 20 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | |

| TYPE | RATE | FEE | OR | RATE | FEE |
|-------|-----------|--------|----|-----------|-----|
| | BASIC FEE | 370.00 | OR | BASIC FEE | |
| | X5 = | | OR | X5 = | |
| | X42 = | | OR | X42 = | |
| | +140 = | | OR | +140 = | |
| TOTAL | | | OR | TOTAL | |

OTHER THAN

| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X5 = | | OR | X518 = | |
| X42 = | | OR | X84 = | |
| +140 = | | OR | +280 = | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

BEST AVAILABLE COPY

| (Column 1) | (Column 2) | (Column 3) |
|---|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 70 Minus | 96 |
| Independent | 14 Minus | 20 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | |

| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X5 = | | OR | X518 = | |
| X42 = | | OR | X84 = | |
| +140 = | | OR | +280 = | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

1-204

| (Column 1) | (Column 2) | (Column 3) |
|---|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 61 Minus | 96 |
| Independent | 14 Minus | 20 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | |

| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X5 = | | OR | X518 = | |
| X42 = | | OR | X84 = | |
| +140 = | | OR | +280 = | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
If the Highest Number Previously Paid For in this space is less than 20, enter "20."
If the Highest Number Previously Paid For in this space is less than 3, enter "3."
The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.